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ABSTRACT

The paper describes the community residence and independent living services offered by Perkins School for the Blind which serves multi-impaired, blind, visually impaired, and deaf blind individuals. The first part reviews existing community living options and emphasizes the need for thorough diagnosis, extensive training in daily living skills and community experience curricula, inservice training for all staff, and cooperation between educators and rehabilitation personnel. The development of the Perkins' program is traced and its current status, which includes an apartment project and houses used for residential programming for 57 clients, is described. The author suggests that educators must become familiar with real estate concepts and principles and with aspects of estate and trust planning. (CL)

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"DEVELOPING COMMUNITY HOUSING SERVICES FOR BLIND AND DEAF-BLIND STUDENTS WHO HAVE COMPLETED OUR TRAINING PROGRAMS - WHAT IS OUR PROFESSIONAL RESPONSIBILITY?"

PRESENTED
AT
THE NATIONAL AEVH CONFERENCE
VANCOUVER, BRITISH COLUMBIA
JUNE 30, 1982

KEVIN J. LESSARD
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"Accountability" is a concept that has been receiving a considerable amount of attention recently. The term "accountability" permeates the literature in the fields of education, special education, business, politics, and many other areas. Knowing how to be accountable has never been well defined, and it is within this context that I present this paper on our porfessional responsibility to students we are presently serving in our public school or residential school programs: responsibilities that we have to students while they are being educated in our programs, and responsibilities we have as students leave our programs and become integrated into the community.

The word accountable is defined as, "To be answerable and capable of being explained." Accountable further "emphasizes liability for something of value, either contractually or because of one's position of responsibility." This definition of accountability can and should have major impact on us, the professionals in the field of the education of the blind, visually impaired, and deaf-blind. It should govern our administrative and teaching philosophies, methodologies, and commitments to program development. Accountability should never be something that deals solely with paper compliance or something that is interpreted as a concept that is simply "in vogue," creating additional pressures on all of us.

Accountability was, in essence, an easier concept to deal with and respond to just a few years ago. It has become more difficult with changing National, State, and Local cutbacks and philosophical shifts toward the handicapped. Perhaps if we had been more accountable and more responsive when we had the chance, we might not find ourselves in the same fiscal and philosophical crises that we presently face.

Perhaps, too, if we had spent more time attending to the development of accountable services within the spirit of Public Law 94-142 and State Special Education Legislation, we would have easily accessible follow-up data in which we could prove the validity and credibility of our services. Now we find ourselves with either limited, or, in some cases, non-existent data, and trying to plead with legislators at all levels with facts that have less impact and, facts that do not necessarily impress them from a fiscal, political, or tax-incentive standpoint.

The era we presently find ourselves in is truly a complex one. It is an era where programs can be dismantled quickly: an era that can potentially affect thousands of blind, visually impaired, and deaf-blind students now and in the forseeable future. It is an era when we as educators must begin to redefine our responsibilities, become more creative and responsive, and, if we are given the financial chance to do so, prove that our services will in fact have a direct and positive impact on the students we serve. This will require a commitment beyond which we are accustomed, a commitment that will be one with no frills; a commitment that will demand us to identify what skills students will need when they complete our educational and training programs, and a commitment to initiate and/or participate in the developmnet of services in the community; services that will ensure humane, productive, and cost-effective housing, vocational, and recreational opportunities.

Within a truly accountable system it is critical that we as professionals address a number of significant issues, and even though times are more difficult than they were just a year or two (2) ago, as educators we need to respond to the challenges and face a numberof issues in a more constructive

manner. In the area of daily living skills and community experience programs we have the major responsibility to create and provide comprehensive and reality-oriented training programs for the students we serve. It is our responsibility to ensure that students are adequately trained to meet the demands which will be expected of them in various living options that are available in the community. Furthermore, it is our responsibility to participate in the planning and development of living options in the community for blind, visually impaired, and deaf-blind students now and in the future. It is these three (3) concepts that must be incorporated into our definition and design of training programs. The title of this presentation is: "Developing Community Housing Services for Blind and Deaf-Blind Students Who Have Completed Our Training Programs -- What Is Our Professional Responsibility?" However, before describing planning strategies for students who will be or have already left our training programs, I would like to focus initially on our responsibilities to students while they are still enrolled in our training and education programs.

Do our training programs attend to a comprehensive set of services which do, in fact, train blind, visually impaired, and deaf-blind students to meet the demands of living options available in the community? Do our training programs include active participation on our part in the planning and development of living options to be made available to these individuals in the future? If we as professionals cannot answer "yes" to both of these questions, the structure and delivery of our programs and the time and effort extended by staff and other professionals will not be truly accountable to the students, parents, and agencies that we serve.

- How many blind, visually impaired, and deaf-blind adolescents have the advantage of receiving a comprehensive, reality focused, practically based, long-term oriented daily living skills or

community experience training program?

- How many parents have a clear, concise explanation of their rights and a strong supportive atmosphere to operate within our educational system?
- Do we have the diagnostic skills needed to accurately determine a student's functional abilities, state of readiness, and methods of learning?
- Do we have the skill to identify relevant and appropriate curricula and teaching methodologies for each individual student we serve?
- Do we have systems that are interdisciplinary in nature in which clinical or diagnostic staff and instructional or teaching staff work closely and consistently with one another to determine the current functioning level of the student and cooperatively plan both short-and long-term goals?
- Are we really sensitive and aware of what a blind, visually impaired, and deaf-blind adolescent and his or her parents are feeling about educational services being offered and their future concerns relating to living and working options in the community?
- Do we really think we share the same level of intensity and concern about the future as students and their parents?
- Do we as professionals know what a comprehensive educational, prevocational, and vocational program for students should include?
- Are the educational or training programs we offer tied into a life-long-care continuum of services?

In reviewing the research in the area of community integration education and training for our students, I found no studies which have been undertaken to address many of the questions raised in the preceding paragraph. I was able to find only five (5) or six (6) articles which focus on the area of daily living skills programs for the blind, visually impaired, and deaf-blind, and there has been no extensive research in this critical area.

In describing the structure of a comprehensive delivery system for these individuals, I would like to address the following topics:

- Living Options In The Community
- A Comprehensive Daily Living Skills Program, Interdisciplinary Teams, and In-Service Training
- Planning Between Educators and Rehabilitation Personnel
- Life-Long Care Systems
- Recommendation and Strategies For Professionals

Living Options In The Community Available To Our Students

There are a number of living options which have been developed in some communities during the past four (4) years. If we analyze the range and scope of options, it can be viewed as a continuum and includes the following levels:

- Community Residence Living - Heavily Supervised
- Community Residence Living - Moderately Supervised
- Living At Home With Parents or Siblings
- Supervised Apartment Living
- Staffed Apartments
- Living With Roommates
- Living Independently

Chart A depicts the Continuum Of Semi-Independent and Independent Living Options which could be available to blind, visually impaired, and deaf-blind individuals. It outlines options within the context of a training program and lists actual community living options which students can move into directly from a training program.

It remains to be seen whether or not the array of options is sufficinet and/or adequate to meet the nneds of a diverse population, but it certainly is a starting point from which we can build. It is critical that multiple options be made available, and that we take an active role in lobbying for the development, refinement, and adaptability to blind, visually impaired, and deaf-blind individuals. We need to be aware that the development of curricula must focus primarily on the basic skills and entry criteria requirements which determine whether or not a person is eligilbe and ready to meet realistic and viable goals within a safe, secure, and consistent environment.

I'm sure there are a few educators who would question the concept of awareness as it relates to the development of appropriate curricula. We need, however, to assure that curricula is developed which will focus not just on short-term goals, but on long-term, tangible expectations and possibilities. However, have we all, as a group of professionals, made a commitment to the advocacy issues related to the development, refinement, and adaptability of living options for individuals when they terminate or complete our training programs? To what extent have we followed through on our commitment? Is it sufficient?

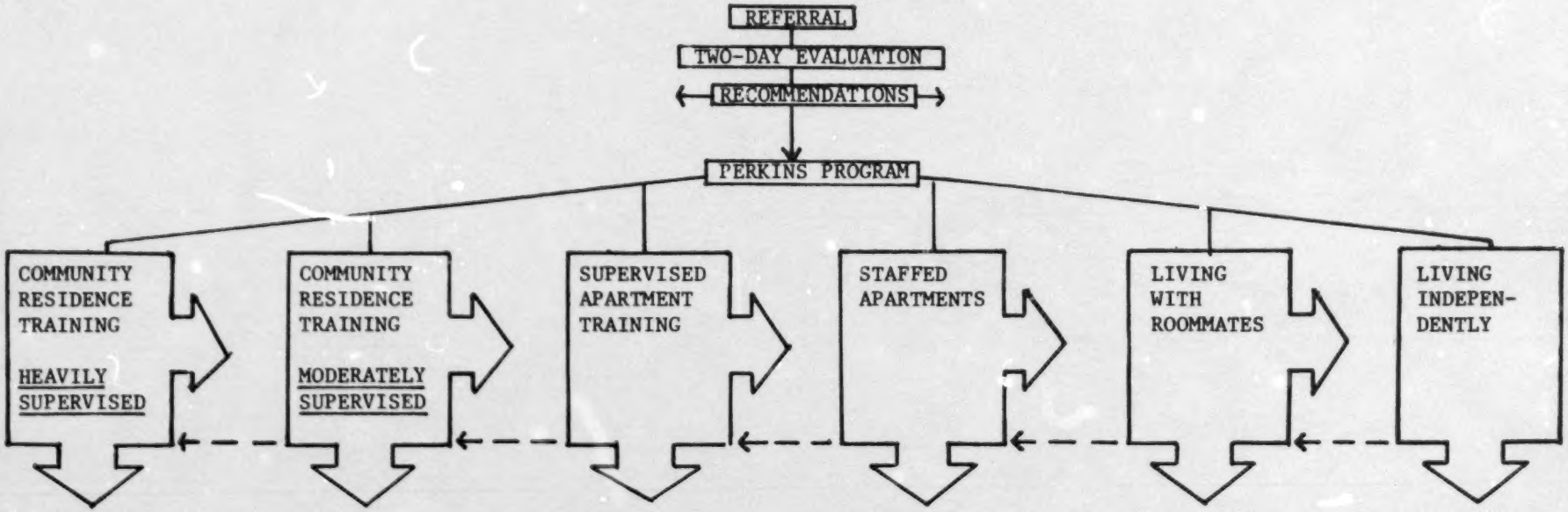
These living options should be considered as a continuum for the present, with continued development and alterations being needed. It is our responsibility as professionals to maintain an awareness and consciousness relating to living options for deaf-blind individuals. It is our responsibility to

CHART A

A CONTINUUM OF INDEPENDENT AND SEMI-INDEPENDENT LIVING OPTIONS

IN THE

ADULT SERVICES PROGRAM



"THE COMMUNITY"

EXAMPLES OF LIVING SITUATIONS

HALF-WAY HOUSES

GROUP HOMES

COMMUNITY RESIDENCES

LIVING WITH A FRIEND OR FRIENDS

BOARDING HOUSES

LIVING ALONE

MARRIAGES

LIVING WITH FAMILY MEMBERS

NOTE: ↓ Long arrow indicates that clients may move between programs or move into the community directly from any of the levels.

← – – Dotted arrow indicates that clients may move back or into a more structured situation if necessary.

continue to initiate and advocate in the development of future living options that our different communities may develop. The issue of housing is such a critical problem because employment and/or additional training cannot be feasible unless adequate and appropriate housing is available. Through the development of homemaker/health aide programs, a person's own family may also be considered an option on an intermittent basis if the psychological, social, medical, and day-to-day concerns can be attended to.

Most importantly our Training Programs must be designed and implemented in conjunction with the availability and understanding of actual community placements.

Program Design - On Campus and In The Community - A Comprehensive Daily Living Skills Program, Interdisciplinary Teams, and In-Service Training

In designing a comprehensive daily living skills program for adolescent students, the identification and/or creation of a developmental and all-encompassing curriculum is necessary. The curriculum must be stated in terms of behavioral objectives and should include task analysis and the development of specific criteria for meeting each of the objectives. The development of creative teaching strategies and innovative methodologies developed within the framework of interdisciplinary teams are also critical in the delivery of these services.

Within a residential treatment program, instructional staff, including teachers, houseparents, teacher aides, and child care workers, play the most significant role in the teaching of daily living skills. Responsibilities within these various job roles and job descriptions need to be clearly defined in conjunction with adequate pre-service and in-service training programs. Clinical intervention from personnel such as psychologists, behavior

management specialists, social workers, occupational therapists, physical therapists, and speech pathologists, who provide either direct services or consultative services to instructional staff, is critical if interdisciplinary team services are to be realized.

Professional staff trained in the area of home and personal management or home economics with training and/or experience with blind, visually impaired, or deaf-blind students are critical in the development of in-service training programs. The expertise they bring to an educational program in the area of daily living skills needs to be coordinated for professional and paraprofessional staff who work with students. These specialists working closely with occupational therapy staff can serve as the primary providers of a structured in-service training program.

The areas of inservice which need particular focus are outlined in Chart B.

CHART B

Daily Living Skills Inservice Training Programs
For Professional/Paraprofessional Staff

- Developing detailed task analysis of Daily Living Skills
- Using correct body mechanics and Work Simplification Principles
- Developing adapted techniques for personal care, food preparation, and housekeeping tasks
- Planning nutritious, economical meals
- Performing kitchen and household tasks safely
- Defining privacy and confidentiality in teaching Living skills

E. Katarina Fraser, 1979 - Perkins School for the Blind

In order to effectively plan an individual education plan for each student during TEAM evaluation meetings, annual reviews, or case reviews, a coordinated and well-defined set of objectives must be determined. However, in addition to defining the developmental level of a particular student and the short-term goals, it is vital that all staff who are assigned to work with a student in the area of daily living skills be aware of which individual skills they are to teach, and what reinforcement strategies must be utilized. Duplication of efforts must be avoided as well as conflicting methodologies if students are to receive the greatest benefits from programming and be able to realize their maximum potential.

The content and extent of curricula should be extensive, and programmatic areas are outlined on Chart C.

CHART C

- Personal Hygiene
- Dressing Skills
- Eating Skills
- Bedroom Care
- Grooming Needs
- Time Concepts
- Basic Money Management
- Telephone/TTY Skills
- Housekeeping Tasks
- Clothing Care
- Clothing Repair
- Cold Food Preparation
- Use of Appliances
- Hot Food Preparation
- Meal Planning
- Food Shopping
- Wardrobe Planning
- Household Planning
- Medical Services
- Basic First Aid
- Consumerism
- Sex Education
- Leisure Time and Recreation

E. Katarina Fraser, 1978 - Perkins School for the Blind

In addition, the Community Experience Curriculum at Perkins is near completion and focuses on the areas outlined in Chart D.

CHART D

Community Experience Curricula Areas At Perkins

- Supermarkets
- Post Offices
- Credit Cards
- Laundromats
- Convenience Stores
- Repair Shops
- Public Offices
- Speciality Stores
- Department Stores
- Libraries
- Places of Worship
- Funeral Homes
- Barber Shops
- Beauty Parlors
- Restaurants
- Recreational Activities
- Moving
- Phone and Mail Order Services
- Telephone and TTY Services
- Money Management
- Travel Accommodations
- Orientation and Mobility Skills

Curricula which have been developed (Charts C and D) outline the programmatic areas to be included in a comprehensive daily living skills program.

The skills that a student needs to focus on include home and personal management skills such as budgeting, banking, purchasing, hygiene, and grooming. Health care is also critical, and for higher functioning students should include prenatal, infant and child care, the use of drugs and medicine, medical services in the community, and effective use of leisure time. A very heavy community experience program should be emphasized, and trips into the community should become a regular part of educational experiences. All these skills, however, should not be taught just as an academic exercise in the classroom. For example, lunch preparation should not take place at 8:30 in the morning in the classroom,

and the handling of money should eventually lead the student to actually handling cash transactions in local supermarkets, post offices, or banks on a consistent basis. This requires an educational system that not only develops realistic curricula but provides in-service training, resources, and support to teachers so that their strategies and methodologies show a sensitivity and awareness of providing appropriate experiences to students in the community rather than in a vacuum.

Diversified, yet applicable, self-contained apartment training needs to be incorporated into the program so that students are gradually allowed to prepare their own meals on a daily basis, are given more responsibility in self-help skills, and begin to gain experience in more semi-independent living conditions. Live-in programs require different staffing patterns, home-like physical facilities, and a well-defined instructional program which systematically identifies realistic, yet attainable, goals and expectations.

Daily Living Skills Programs cannot be viewed just as a separate entity, however, in that most courses or services a student receives in his or her program have direct applicability to this area. Orientation and mobility training, motor training, physical education, and physical conditioning programs are all important components of a total life skills program for a visually impaired individual, and the applicability and importance of these services is well documented. Recreation services, social skills training, and the effective use of volunteer services must also be incorporated into a program for most of our blind students. The skill development and attitudinal variables incorporated into most prevocational and vocational training programs can have direct correlation with a daily living skills program. The language and communications program being offered to each student either in the classroom or self-contained instructional area must be tied in closely with the overall goals and objectives of the daily living skills program.

All of these services, which comprise the majority of a student's program, must be coordinated and well defined so that daily living skills training is not attended to in isolation and reinforcement strategies are ensured.

Obviously, the extent of instruction offered to each student will vary according to his or her ability, but training programs need to be developed and followed through according to each student's abilities and levels of readiness, with long-range goals in mind.

The overall scope of daily living skills curricula and community experience curricula is extensive when independent living in the community is the ultimate goal. For students who only have the capacity to live in a more dependent or structured living option, it is critical that interdisciplinary team assessment and planning determine the target goals on a short and intermediate basis while attention to long-range goals is also being considered. The intent is not to sterotype or predetermine eventual living situations for individuals, but rather, to realistically and developmentally plan in a prefessional and creative manner. If we do not provide these types of curricula and experiences for students before they terminate our educational programs before or at twenty-two (22) years of age, who will intervene and provide realistic adult services for them?

The scope of a training program as outlined is extensive. In order to effectively implement these services, there must be an administrative commitment to implement this program within the structural design of a school or agency serving these individuals. Time must not only be allocated but the service delivery needs to be designed within the context of an interdisciplinary team. Adequate pre-service and in-service training programs must be provided for all instructional and clinical staff.

The individual education plan for each student must be formulated as a result of a diagnostic evaluation. Specific functioning levels in verbal and non-verbal areas, based on direct observation as well as standardized test instruments for the population, can be used in conjunction with language development levels and other clinical assessments in areas such as occupational therapy.

It is critical that psychologists and other clinical staff, such as educational assessment specialists or learning disability specialists, have the ability and insight to translate the testing results for all staff who provide direct services to the student. Attention must be focused on the appropriate identification and development of realistic teaching strategies and teaching methodologies. Within the residential setting, there is a need to create interdisciplinary teams where the supervisor of a program works closely with classroom teachers, specialty teachers, teacher aides, houseparents, and child care workers, They need to work as a team in the setting of common goals and objectives for each individual student. Clincial staff must also be part of this team and psychologists, social workers, physical therapists, speech pathologists, and occupational therapists ensure a comprehensive and consistent program for each student. A psychologist or anyone else performing diagnostic assessments needs to translate the data rather than simply read test results so that teaching and houseparent staff feel comfortable participating in an open dialogue with them.

Additional expectations of the Clinical staff should include participation in all program activities and observation of students in classrooms and cottage or apartment settings. They should also be expected to work flexible hours rather

than just the traditional 9:00 a.m. to 3:00 p.m. workday. They need to know demands and expectations made of students at breakfast and supper times, and how students use their leisure time in the evenings and on weekends. Clinical staff need to develop a level of communication with teachers and houseparents on a daily basis rather than being seen as someone who tests the student once every year or two, or counsels him or her once a week in isolation.

Appropriate and realistic diagnostic assessment is absolutely critical. However, the transferring of this information and the level of communication that exists between Clincical personnel and Instructional staff is just as critical. If either one of these two variables is not functioning, then the service delivery system will not be as comprehensive as it needs to be.

Attention to specific orthopedic impairments and intervention strategies or prescribed adaptive devices require the expertise of physical therapists and occupational therapists. Providing in-service training and consultaion to instructional staff can create an environment where interdisciplinary approaches can ensure consistent, safe, and productive programs for each student.

Planning Between Educators and Rehabilitation Personnel

Educators have traditionally been responsible for providing services to students from zero (0) to twenty-two (22) years of age. Rehabilitation personnel usually assume responsibility for handicapped individuals twenty-two (22) years of age and older. Each group of professionals is usually governed by specific legal, financial, programmatic, and legislative guidelines. In reviewing the literature in the field of special education and, in particular, blind services, there is very little written about a

cooperative and well-planned system of communication between these two (2) major human service providers. The number of model programs or joint delivery systems cooperatively planned between educators and rehabilitation personnel is almost nonexistent.

When we analyze the complexity of a wide functional range of students, it becomes obvious that educators and rehabilitation personnel must begin to work together if an effective continuum of services is to be realized. How often have we seen educators and rehabilitation counselors being critical of each other? How often have we seen students and their parents caught in the middle? If the developmental process is understood by all, and the services a student is receiving attend to his or her specific needs, perhaps an open line of communication can be realized. The problems of the multi-impaired are many. Issues relating to social interaction with peers and adults, psychological adjustments to their impairments, concerns regarding their future, unanswered questions about their own identity and present and future medical needs are areas of concern for the adolescent students and their families. As professionals, it is our responsibility to provide appropriate and realistic services for each student with identifiable short, intermediate, and long term goals being part of the training program. As professionals, it is our responsibility to communicate and work closely with other human service agencies, students, and their families in the planning of services that are credible, obtainable, and realistic.

Educators need to seek the active involvement of rehabilitation personnel during the early adolescent years so that when regular case reviews, staffings, and annual plan meetings have convened, a multi-disciplinary team can be represented. Hopefully, this multi-disciplinary team can develop into an interdisciplinary team that will focus on short, intermediate, and long-term

goals. What must be avoided are last minute crisis-oriented transfers of students from an education system to a rehabilitation network of services. The concept of transfers is a delicate one that has an impact on all individuals. Educators may need to consider a redefinition of their role as it relates to a level of involvement in the area of long term planning.

Life-Long Care Systems

Directly related to the area of living options and curriculum content is the concept of life-long planning for the severely multi-impaired individuals we serve. For those whose functional ability require our attention, concern, and commitment over the full course of their life span, we must meet the challenges of life-long care planning. As our society becomes committed to de-institutionalization and as our levels of consciousness in the area of living options for individuals become more sophisticated, it is necessary for us to develop with funding agencies, consumers, and parents a comprehensive and secure system of life-long care options.

Estate and trust planning is a relatively new concept in the area of blindness education and, as educators, we need to familiarize ourselves with complicated legal, fiscal, and economic issues related to the development of effective planning strategies to obtain security, peace of mind, and consistent and reasonable life-long care systems.

For beneficiaries, financial assistance can come from families, friends, and private organizations. Various trusts or guardianship structures can be arranged, and legal advice regarding their implication should be analyzed before closure is realized. Whatever form of arrangement is made, the primary purpose should be to protect the interest of the beneficiary, while at the

same time providing adequate and secure financial support. A responsible financial trustee should probably be appointed in order to assure an advocacy role for the blind or deaf-blind individual, and at the same time, provide expertise in the management of the trust fund.

There are many operational considerations which need attention in relation to life-long care systems, including the roles of houseparents and support staff, admission criteria, and support services within the community. Specific and comprehensive medical services, as well as advocacy and legal expertise, need to be accessible and available.

Careful planning with other human service agencies, private foundations, and parents will be critical if humanizing and comfortable living options with appropriate vocational, recreational, and social activities are to be realized. This is a broader definition of the role of education than previously defined, but its importance to the particular individual we serve speaks for itself.

The Initial Development of Community Residence And Independent Living Services At Perkins School for the Blind

This section is intended to outline and describe the present status of Perkins' Community Residence and Independent Living Services off campus. It will suggest strategies that will be developed during the next twelve (12) months. This section will also provide an outline of future directions that can be considered in relation to the expansion of these services with specific reference to funding sources, political advocacy groups, and related management issues for which Perkins will be directly responsible.

For the past two (2) years we have been actively involved in discussing the issue of appropriate housing services for a broad range of multi-impaired blind, visually impaired, and deaf-blind individuals. We have identified a need to develop a comprehensive continuum of services to adequately serve a substantial number of individuals who have completed or who are about to complete their formal education or training at Perkins. Through formal and informal follow-up surveys of our "graduates" we have clearly seen that in many cases students and clients are either unemployed or underemployed. The major cause of unemployment is not necessarily related to a lack of skill development or a lack of job opportunities; rather it is primarily due to a lack of appropriate structured and semi-structured living options in the community. In many cases, our "graduates" could have been placed in competitive employment or Day Activity Centers if adequate housing services were available in the community where the business or industry was located, or in a nearby community that offered adequate public transportation services.

Programmatically and philosophically we have, therefore, become very active in exploring ways to alleviate what is in reality a tremendous need for blind individuals in the state of Massachusetts and throughout the United States.

Our primary concern is for students and clients who will complete their formal education and training at Perkins in the near future. We have developed proprosals with The Massachusetts Commission for the Blind, The Massachusetts Executive Office of Human Services, The Massachusetts Department of Mental Health, and The Watertown Housing Authority. We have also worked closely with the developers and architects assigned to the Arsenal Housing Development. The following sections define the present status of our efforts.

Present Status

As of March, 1982 there are three (3) major projects which are part of our Community Residence and Independent Living Services. They are as follows:

A. Massachusetts Chapter 689 Grant

- In conjunction with The Watertown Housing Authority and The Massachusetts Commission for the Blind, we applied for and received a Grant from the Massachusetts Office of Communities and Development to provide housing services for twenty-four (24) multi-impaired blind and deaf-blind clients. The Grant award was for $621,000.00. The Grant money is to be used solely for the construction or purchase and renovation of three (3) two (2) family houses in Watertown. All three (3) facilities will be owned by The Watertown Housing Authority and each house will serve eight (8) clients. Our responsibilities in this project up to this point, have included the development of the initial proposal which was submitted to the State, consulting with the architects assigned to the project (Johnson and Olney Associates), outlining programmatic variables and physical space needs with the officials from the Office of Communities and Development, and preliminary site selection visits.

Once appropriate facilities are identified, we will be involved in the development and design of detailed plans to insure that each house meets the specific needs of the projected client population.

One house will meet Department of Mental Health (DMH) licensing standards for an Intermediate Care Facility For The Mentally Retarded (ICFMR-Type B). This is a highly structured and highly supervised facility designed to serve eight (8) DMH clients who are from the State of Massachusetts. The full cost of providing residential services to these clients will be the responsibility of The Massachusetts Commission for the Blind (MCB). The funding mechanism will solely be a contract between The Massachusetts Commission for the Blind and Perkins. The contract is for one (1) year and will be renewable on a year-to-year basis.

The second facility will be designed for a moderately impaired blind retarded and deaf-blind population, and only the first floor will be made accessible for the orthopedically impaired. The funding which will be needed to pay for the operating costs for this Program will come from multiple funding sources. Funding sources which will be available to pay for all or part of each clients's per capita share include The Massachusetts Department of Mental Health, The Massachusetts Commission for the Blind, client's Supplemental Security Income (SSI), insurance companies contributions, and trust or estate plans designed for an individual client by parents/legal guardians and others.

The third house will be designed to meet the needs of a population that needs minimal supervision. The facility will not be made accessible for the orthopedically impaired. Once again, the operating costs of the Program will need to be financially supported by multiple funding sources as mentioned in the previous paragraph.

It may take six (6) to twelve (12) months before any of the facilities will be ready for occupancy. Much is dependent, however, on the progress made with the site selection process, the amount of renovation each facility needs, and other variables. Criteria for client admission into the residences is in the process of being developed and final parameters will be defined in the near future.

B. Arsenal Housing Development

- In September, 1979 we began consulting with Gilbane Construction Company of Providence, Rhode Island and Arrowstreet Architects, Inc. of Cambridge, Massachusetts on a housing project being developed for the elderly and handicapped on the site of the Arsenal in Watertown, Massachusetts. Our efforts and initiative eventually led to the commitment of fifteen (15) low income apartments being offered to Perkins for training and/or short and long term living arrangements for blind and deaf-blind individuals.

This apartment project which is a high quality development will be ready for occupancy somtime in the summer of 1982. A manager has been appointed for this complex, and we have had a number on site. At this point we only have a commitment for five (5) apartments in that the earlier decision to allocate fifteen (15) apartments to Perkins has been altered by officials at The Massachusetts

Housing and Finance Authority (MHFA). The financial and budgetary structure of these apartments is comparable to the multiple funding sources used with two (2) of the Chapter 689 houses.

The actual structure of Program services within the Arsenal Development will be determined after the number of apartments assigned to Perkins is finalized.

C. Perkins-Owned Houses Off Campus

- At present, Perkins owns three (3) houses in the Watertown area which are being used for residential programming.

One house was purchased by Perkins during the Summer of 1981. It has been operated for the past eight (8) months as a staffed apartment. At present there are two (2) clients residing in the house with one staff member. Both clients work and/or go to college part time, and they both pay a monthly rental fee to Perkins which includes all costs including the salary for the Residence Manager.

The facility is not accessible for the orthopedically impaired and it is not licensed as a community residence by The Department of Mental Health. We are recommending that it continue to be used as a staffed apartment for higher functioning clients rather than being upgraded to meet licensing standards of The Department of Mental Health (DMH) for low functioning clients.

The other two (2) houses, however, have been leased to a neighboring agency for the past three (3) years. This agency received a substantial grant from a private foundation to renovate the facilities, and they have been licensed by The Department of Mental Health (DMH) and the Regional Review Board of Chapter 766. Just recently, both

facilities have been vacated by the agency as Perkins did not renew their leases. Both facilities need to be inspected by Perkins to determine the amount of internal upgrading which is needed to make them ready for occupancy. Both houses can reasonably be used as community residences for multi-impaired blind and deaf-blind clients, and budgets need to be developed for both Programs. Preliminary budgets are presently being developed. One residence can accommodate eight (8) clients and the other one can accommodate six (6) to eight (8) individuals.

Chart E outlines the potential number of clients which can be served in our Community Residence and Independent Living Services Program during the first year of operation.

CHART E

Individual Residence	Number of Clients To Be Served
Chapter 689 (ICFMR-B)	8
Chapter 689 (Moderate Supervision)	8
Chapter 689 (Mild Supervision)	8
Arsenal Apartments (5)	15
Perkins Owned House	2
Perkins Owned House	8
Perkins Owned House	8
TOTAL	57

Issues To Be Determined

A personal note of thanks to Martin Kennedy who has given many extra hours of his time over the past two (2) years in helping to bring these services from the planning stages to a point of reality.

At this point, there are two (2) major issues which will be addressed in more detail in the near future. The first issue focuses on the area of estate and trust planning. In order for us to creatively explore, design, and develop proposals with parents/legal guardians and clients themselves we will be formulating a position paper on the various options within the area of estate planning. This will include a concerted effort on the part of the Trustees, legal counsel, and administrative staff at Perkins to gather data and set parameters including the description of a range of options, and procedures to be followed in negotiations with parents/legal guardians and client advocates.

A second major variable that will be attended to and developed is the creation of a range of Day Activity Services. All clients residing in our community residence and independent living services will be required to be out of the residence Monday through Friday and be engaged in a competitive work site or Day Activity Center. In that all of the clients who are eligible for community residence and independent living services will be multi-impaired, it is anticipated that only a small percentage of them will be capable of competitive employment. Therefore, appropriate Day Activity Centers will be in high demand. In some cases it will be possible to integrate some of the blind or deaf-blind clients into already existing Day Activity Centers within a number of local communities; however, the majority of the clients will need to be served in a Day Activity Center designed and managed by Perkins. The major areas which Perkins will address in the near future relating to Day Activity Centers should include:

- Determine whether the responsibilities for the development and management of Day Activity Centers needs to be assigned to the Adult Services Program, Community Residence and Independent Living Services Program, or others.
- Decide if plans for Day Activity Centers should include provisions for both on and off campus facilities.
- Finalize licenses and/or Department of Labor Certifications needed to operate Day Activity Centers on and/or off campus.
- Develop staffing patterns and final budgets for such a program(s).

Analysis of Future Program Trends

Adult Services/Secondary Services/Deaf-Blind Program
National Head Injury Foundation and Other Advocacy Groups
Perkins Charter Change

A. Adult Services Program

- The Adult Services Program is presently serving thirty (30) clients during the 1981-1982 school year. Since September, 1981 there has been a significant change in the referral pattern of clients for evaluation services and/or admission to our Adult Services Program.

An analysis of the clients referred for evaluation and their visual conditions show that all clients are blind, visually impaired, deaf-blind or have a moderate to severe visual perceptual dysfunctioning problem. More significantly, an analysis of their additional handicapping conditions clearly outlines the trend towards Perkins serving a moderate to severely impaired population.

Of the clients referred 51% have orthopedic impairments, 20% are mentally retarded, and 17% are head injured without orthopedic impairments. In order for us to effectively serve an increased number of orthopedically impaired blind clients a special project is presently being developed for additional adaptions on our campus facilities.

As it relates to our Community Residence and Independent Living Services Program a significant number of clients, upon completion of their training program at Perkins, will have need for semi-structured and structured housing programs in the community.

B. Deaf-Blind Program Students and Secondary Services Program Students Presently at Perkins

- In analyzing the figures included on Addendum "A" - Age Chart 1981-1982 - it is clear to see that forty (40) students presently enrolled in our Deaf-Blind Program are in the sixteen (16) to twenty-one (21) year old category. In addition, sixty-three (63) students presently enrolled in the Secondary Services Program (combined Junior/Senior High School and Special Programs) are in the sixteen (16) to twenty-one (21) year old category.

Most of the Secondary Services and Deaf-Blind students in the age categories just outlined are multi-impaired and they will be in need of structured or semi-structured housing options once they complete their formal education/training at Perkins in the next two (2) to five (5) years.

At a parents' conference held in June, 1981 at Perkins for the parents of our deaf-blind students, we discussed a number of future-oriented concepts with approximately sixty (60) parents. Our major purpose in organizing this type of conference was to help parents better understand the goals of our education and training programs. We also have a professional responsibility to help parents become more knowledgeable about vocational and housing options that could be considered in the future for their son or daughter. One of the major recommendations from the conference was a request for the parents to have the Administration at Perkins work closely with them on exploring future housing options. In addition, they requested that we begin to plan estate and trust options with them. Options that they could consider as part of a small group and/or individually.

We plan to begin discussion with the parents of Secondary Services students in the near future. Therefore, based on the present status of our present housing projects and anticipated projected involvement with parent groups and/or individual parents it is critical that we develop a position paper on estate and trust planning options. Just recently, during the past two (2) weeks the parents of three (3) male clients, presently in our Adult Services Program, have requested we work closely with them on developing a semi-structured staffed housing option for these three (3) clients.

C. Charter Change

- All of the previously related information deals specifically with a blind, visually impaired, or deaf-blind population. Therefore, the number of clients presently being considered for our housing programs are all within our present Charter guidelines.

All of the students in our Deaf-Blind Program, Secondary Services Program and Adult Services Program are blind, visually impaired, or deaf-blind. We are beginning to see an increase in requests for evaluation services and/or admission for non-visually impaired students and clients. Perkins is presently altering its Charter slightly to accommodate some of these individuals. Initially the Adult Services Program and the Deaf-Blind Program will be most affected. Obviously, decisions regarding the admission of non-visually impaired individuals will be based on certain criteria, and a non-visually impaired student or client will not be admitted to Perkins if there are blind, visually impaired, or deaf-blind individuals requesting admission.

However, whatever number of non-visually impaired individuals are referred to Perkins in the future, a large percentage of them will obviously be in need of off-campus housing services once they complete their formal education or training at Perkins. The factors regarding the non-exclusion of blind individuals to our on-campus Program will also apply to our off-campus housing services. The purpose of this section has been to describe the present status of our housing services and to outline specific areas of need that relate directly to short term (six (6) months to eighteen (18) months) planning objectives. Hopefully, the specifics that have been outlined are sufficient enough to generate additional discussions so that decisions can be made in the near future to ensure that a firm foundation will be set for the future.

We are presently in a very exciting era as we develop a wide continuum of services for blind, visually impaired, and deaf-blind individuals, and the Charter Change will also offer us new challenges. Our direction on these issues is truly in response to an expressed need within the blind community and the quality of services we are planning will be a true reflection on the commitment Perkins School for the Blind has to people who are blind, visually impaired, and deaf-blind.

EDUCATORS NEED TO LEARN THE REAL ESTATE AND HOUSING MARKET IN THE COMMUNITY

At this point I would like to emphasize and explore in some detail various Real Estate and Housing Market concepts that educators need to become familiar with if they are to take an active role in the development and/or advocating for community housing options.

- Valuation Analysis
- Initiation of Environments Clearance And Assignment
- Applicable Zoning Ordinances
- Location Analysis
- Appraisers Analysis
- Assigned Rents
- Marketability
- Preparations of Findings Memorandum
- Housing Management Analysis
- Economic Market Analysis

Hardly educational jargon that we are familiar with in our day to day activities. Yet day to day jargon and concepts we must begin to become familiar with if we are to adequately prepare ourselves for becoming true advocates for blind, visually impaired, and deaf-blind students, whom we have been preparing for integration into the community.

The development of off campus housing services that have been designed at Perkins, have required our administrative staff to become knowledgeable in areas not nccessarily included in our undergraduate or graduate training programs. Our new contacts in the community become Lawyers, Real Estate Brokers, Local Housing Authority Personnel, Architects, and in some cases new and different Licensing and Accreditation agencies.

The process is an evolving one. It is at time frustrating and anxiety provoking. Better to be anxious on this level however, than to deal with the anxiety and apprehension of not knowing what will happen to the students that complete our education and training programs. Don't we have a deeper commitment to them than we have exhibited in the past? Hasn't our reluctance to implement comprehensive follow-up surveys of our graduates been a clear indicator that our efforts have been minimal?

There is a deeper issue here than simply answering the proceeding two (2) questions. The issue is one of the level of consciousness. I have often felt in the past that we as educators have not attended to, "What really happens" to students who leave our programs. I suspect that our level of concern has been a questionable one at best. Oh, perhaps we have tried to help out an individual student now and then but our level of consciousness has never been one that has focused attention on each and every student.

This phenomena is nothing new to public or private education in this country. How many high schools, or colleges or universities concern themselves with the success of their graduates from a quantitative or qualitative standpoint? Yet as human service providers in this country; human service providers for a low incidence group of impaired individuals, we have the responsibility to be truly responsive to blind, visually impaired, and deaf-blind individual needs. Needs that go far beyond what we offer them in the traditional context of educational settings. We have the responsibility to initiate, create, and design, humane community

environments for these individuals or at the very least, participate in the development of these services.

It seems to me that as we create more accountable services in our school program, we will in essence force ourselves into the reality of services beyond what are traditionally offered in a public or residential program. In not being as involved in the past in the development of community services, I feel that we in a sense indite ourselves as it relates to the notion of providing truly accountable services.

In designing an array of housing services for community residence and independent living service programs there are a number of issues that need to be addressed. The major topical areas are included on Chart F.

CHART F

- Funding Types
- Licensing Agents
- Real Estate Issues
- Facility Variables
- Liability Issues and Community Placements
- Staff Recruitment and Inservice Training Needs
- Administration of the Program
- Client Rights
- Client Services
- Estate and Trust Planning

A few minutes ago I was mentioning that professionals in the field of blindness were not necessarily well versed or knowledgeable in many areas affecting the development of housing services in the community. However, to look at these variables in Chart F in a more constructive manner one can see that many of these topical areas pertain to the responsibilities included in an administrator's job description within a public school or residential school program. There are obviously some key differences and there are also areas that require a significant amount of in-service training.

Yet in looking at different funding types I have identified four (4) or five (5) ways to seek out monies for housing programs. At Perkins, we are presently involved with three(3) specific types and there are others that may be available to us in the future. Let me list the various types and point out that through investigation and research, professionals can learn these systems quite quickly and realize that by using appropriate support which is available from professionals in the community one's job can be eased considerably.

The types of funding that I am familiar with and that we are presently using include, Federal HUD monies for the elderly and handicapped, State Chapter 689 funding, and owning your own property.

Additional funding mechanisms I am familiar with include Federal HUD 202 and Section 8 monies, and private monies.

Licensing agents responsible for overseeing the community residence and independent living options within local communities can include Departments of Mental Health, Public Health, and Public Welfare, as well as, local Building and Fire Inspectors. All of

these agencies must be well coordinated and staff that are supervising and operating community residence programs must insure that they have regular and open communication with a number of personnel working in these various agencies. A thorough knowledge of numerous regulations that at times overlap, duplicate, or are in conflict with one another is critical. In addition, a good degree of political savvy will help insure a smooth running operation.

There is a considerable amount of creativity which is needed to adequately raise money to finance the operational costs of community residence programs. The ICF-MR-B facilities are reimbursable through medicaid funds and it is critical that the responsible public agency within the State be identified. For all other residence programs the costs will obviously differ depending on the amount of supervision and staff intervention needed. The variance in costs can be significant and Addenda B, C, D, and E outline potential costs for a range of services from highly structured to minimally supervised facilities. In the lower cost living arrangements a blind individual would in most cases be able to support himself or herself on their wages and/or S.S.I. payments.

The more expensive programs will require a coordinated effort on the part of human service professionals, individual clients, funding agents, parents/legal guardians, private funding sources, estates and trusts, insurance settlements, attorneys and others. An effective long term financial plan for a client requires the efforts of many.

The Addenda B, C, D, and E should only be viewed as drafts as more detailed and explicit line item analysis is necessary.

Within the area of Liability a knowledge of many issues concerning negligence are paramount and consultation with competent attorneys is a necessity. In developing a comprehensive system of housing services an administrator and his or her staff can attend to the wider array of liability issues, by defining from the outset a series of policies and procedures. Written policies can include admission and termination procedures, inspection procedures, accident reporting guidelines, tangible medical emergency procedures and a host of safety and security systems. In addition, emergency treatment plans, transportation safety in-service training and understandable record keeping systems are critical. A written behavior management or behavior intervention policy and appropriate in-service training is mandatory as are instruction in first aide training and cardio-pulmonary resuscitation (CPR).

Within the area of Estate and Trust planning, once again, competent legal counsel is a necessity. Preliminary considerations must include an understanding of various disability classifications and the emerging, yet ever changing legal rights domain.

Within the planning process of estates and trusts an evaluation of the disabled individual, an analysis of resources which will be available, and the objectives of the parents must all be taken into consideration.

Various planning alternatives can include but are not necessarily limited to:

- Guardianship
- Informal Care Arrangements
- Gifts Outright
- Trust Funds
- Insurances

As we as educators become more familiar and more knowledgeable in these areas we have the responsibility to advocate and advise parents to seek professional and competent legal advice, in conjunction with their insurance agents so that the most effective economic plan can be designed for the disabled individual.

In a recent study that appeared in the "Journal of Visual Impairment and Blindness" Pfouts and Nixon stated that:

"Our findings force us to conclude that for our sample of 98 totally blind adults, the dream of full participation in society at large falls short of realization. It is true that a minority of our sample, mainly well educated white males with a wide range of independent skills, are clear exceptions to otherwise bleak picture of unemployment and underemployment; however, even our relatively affluent male subjects are mainly employed in traditional or "set aside" jobs, although they appear to have qualifications for a range of occupational positions in a variety of fields. At the other end of the economic scale are single woman and Blacks who appear to suffer greater difficulties here just as is true in the larger society.

"It is difficult to convey in a statistical survey such as this the painful reality of countless lives being lived out by a largely invisible group of totally blind adults burdened with

too much poverty, too few independence skills and too little opportunity to participate fully in the life of the society. Without in any way discounting the very real advances which have been made in the past, it seems to us that much needs to be done to translate the dream of equal praticipation in society into reality."

The author goes on to say, "Finally, it is important to note that for the early blind people in our sample, the surest route to adult employment was an education at the state residential school for the blind. Now that mainstreaming is replacing segregated education for ever increasing numbers of highly able totally blind children, it is essential that the advantages of specialized independence training in schools for the blind be effectively carried over into the public school setting."

Summary and Recommendations

It is important to be constantly assessing ourselves and the programs we are administering. It is important to focus our attention on staff development and professional development issues related to present strategies and future needs. In addition to staff development issues, however, we need to be looking at a more global picture as it relates to services for the students we serve.

We need to be more conscious and more responsive to:

- The development of responsive and innovative curricula which is geared to effectively integrate and allow blind, and deaf-blind individuals to function

independently or semi-independently in future living and work situations within the community.

- The development of a comprehensive and tangible in-service training program for all clinical staff, teaching staff, and houseparents. Present and future in-service needs would appear to be in the areas of behavior management techniques, creating inter-disciplinary teams in education and rehabilitation programs, sex education, family and life training, and intensive medical in-service training with an emphasis on first aid training, CPR training, and adaptive techniques for students in need of physical therapy and occupational therapy.

- The development of education and rehabilitation programs which focus on true accountability by assuring that each student, upon termination of his or her program, has been adequately prepared to meet the demands expected of one who lives and works in various community options.

- The development of comprehensive and reality based programs for the more multi-impaired. Services need to focus on appropriate training programs which are geared towards structured or semi-structured living and work options in the community. Funding availability of communit, resources, and long term program commitments will be needed in order to insure that this population has the opportunity to receive services which will be much longer in duration than education, special education, or rehabilitation

agencies are accustomed to providing.

- The development of attitudes and programs which will help in the planning and implementation of life-long care systems for the severely multi-impaired; life-long care systems which will provide appropriate and respectable options for the deaf-blind population.

- And finally, the development of responsible and well educated interdisciplinary teams who can assess, design, and follow through on individual education plans which are truly individual for each student we serve.

Accountability or the concept of being answerable is our professional responsibility, and the blind, visually impaired, and deaf-blind individuals we serve depend very heavily on us to interpret and follow through on program design and implementation. How well we organize and design services and to what extent we become involved with living options in the community and life-long care systems will determine our definitions and our commitment to the concept of accountability. In essence, it will determine the extent of our commitment to the students we serve.

ADDENDUM A

SCHOOL YEAR 1981 - 1982

Student/Client

Age Chart

Program By Program

As Of

September 20, 1981

Program	Ages																											Others		Totals
	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	35	44	
Preschool Program	1		2	1																										4
Lower School Program				3	2	1	2	2	3	12	8	8	2																	43
Jr./Sr. High School Program											1	3	3	8	3	9	4	2												33
Special Programs											2	2	4	5	5	9	10	6	2											45
Deaf-Blind Program						2		2	1	2	1	5	5	21	12	2	3	1	1											58
Adult Services Program																2	3	5	1	2	5	5	3	2	1		1	1	1	32
Totals	1	0	2	4	2	3	2	4	4	14	12	18	14	34	20	22	20	14	4	2	5	5	3	2	1	0	1	1	1	215

3-5 yrs of age (3) 1%	6-10 yrs of age (15) 7%	11-15 yrs of age (62) 29%	16-22 yrs of age (116) 54%	23 yrs of age and older (19) 9%

3-10 yrs of age (18) 8%	11-22 yrs of age (178) 83%	23 yrs of age and older (19) 9%

3-11 yrs of age (22) 10%	12-20 yrs of age (168) 78%	21 yrs of age and older (25) 12%

ADDENDUM B

Semi-Independent Apartment Living

Cost Estimate

- Direct Teaching Staff (Half Time)	$ 7,000
- Fringe Benefits	$ 1,400
- Contractual Services	$ 500
- Transportation Expenses	$ 200
- Administrative Costs	$ 6,965
- Rent ($100/month x 12 months x 14 clients)	$16,800
- Overhead Costs	$ 3,300
	$36,165 Total Costs

Client Cost Per Year - $36,156 ÷ 14 clients = $2,583 per client/year

Client Cost Per Month - $2,583 per client/year ÷ 12 months = $215.25 per client/month

ADDENDUM C

Semi-Independent - Mildly Supervised Residence
Cost Estimate

- Staff	$12,000
- Fringe Benefits	$ 2,400
- Contractual	$ 500
- Rent Costs	$ 6,000
- Heat, Utilities, Insurance	$ 2,625
- Administrative Costs	$ 1,400
- Overhead	$ 2,800
	$22,325 Total Cost

Client Cost Per Year - $22,325 ÷ 4 clients = $5,582 per client/year

Client Cost Per Month - $5,582 per client/year ÷ 12 months = $465 per client/month

ADDENDUM D

Community Residence - Moderate Supervision

Cost Estimate

- Staff	$26,000
- Fringe Benefits	$ 5,200
- Contractual Services	$ 600
- Rent and Utilities	$ 7,700
- Administrative Costs	$ 3,243
- Overhead Costs	$ 4,274
	$47,017 Total Cost

Client Cost Per Year - $47,017 ÷ 6 clients = $7,836 per client/year

Client Cost Per Month - $7,836 per client/year ÷ 12 months = $653 per client/month

ADDENDUM E

Community Residence (ICF-MR-B)

Cost Estimate

- Staff	$ 93,150
- Fringe Benefits	$ 18,630
- Contractual Services	$ 3,300
- Rent and Utilities	$ 18,100
- Administrative Costs	$ 19,977
- Overhead Costs	$ 22,973
	$176,130 Total Cost

Client Cost Per Year $176,130 ÷ 8 Clients = $22,016 per client per year

Client Cost Per Month $22,016 per client per year ÷ 12 months = $ 1,834 per client per month